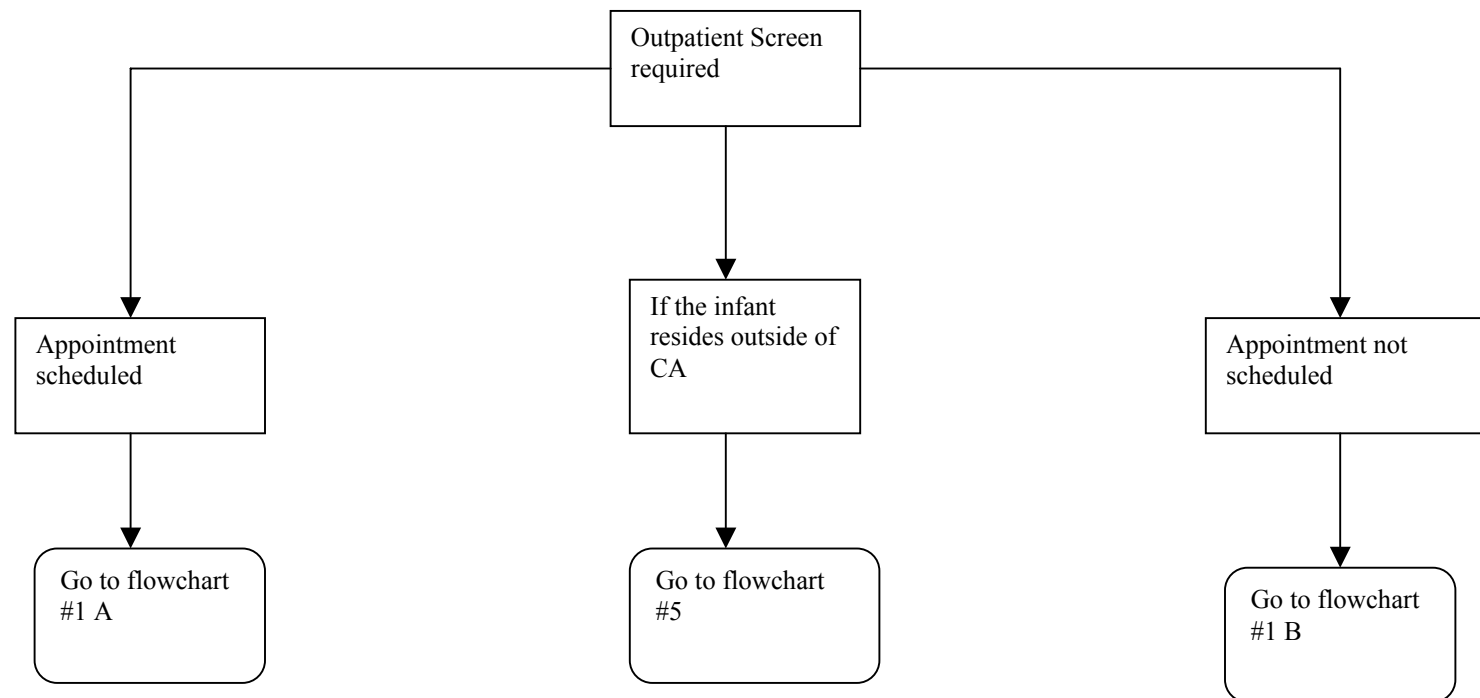


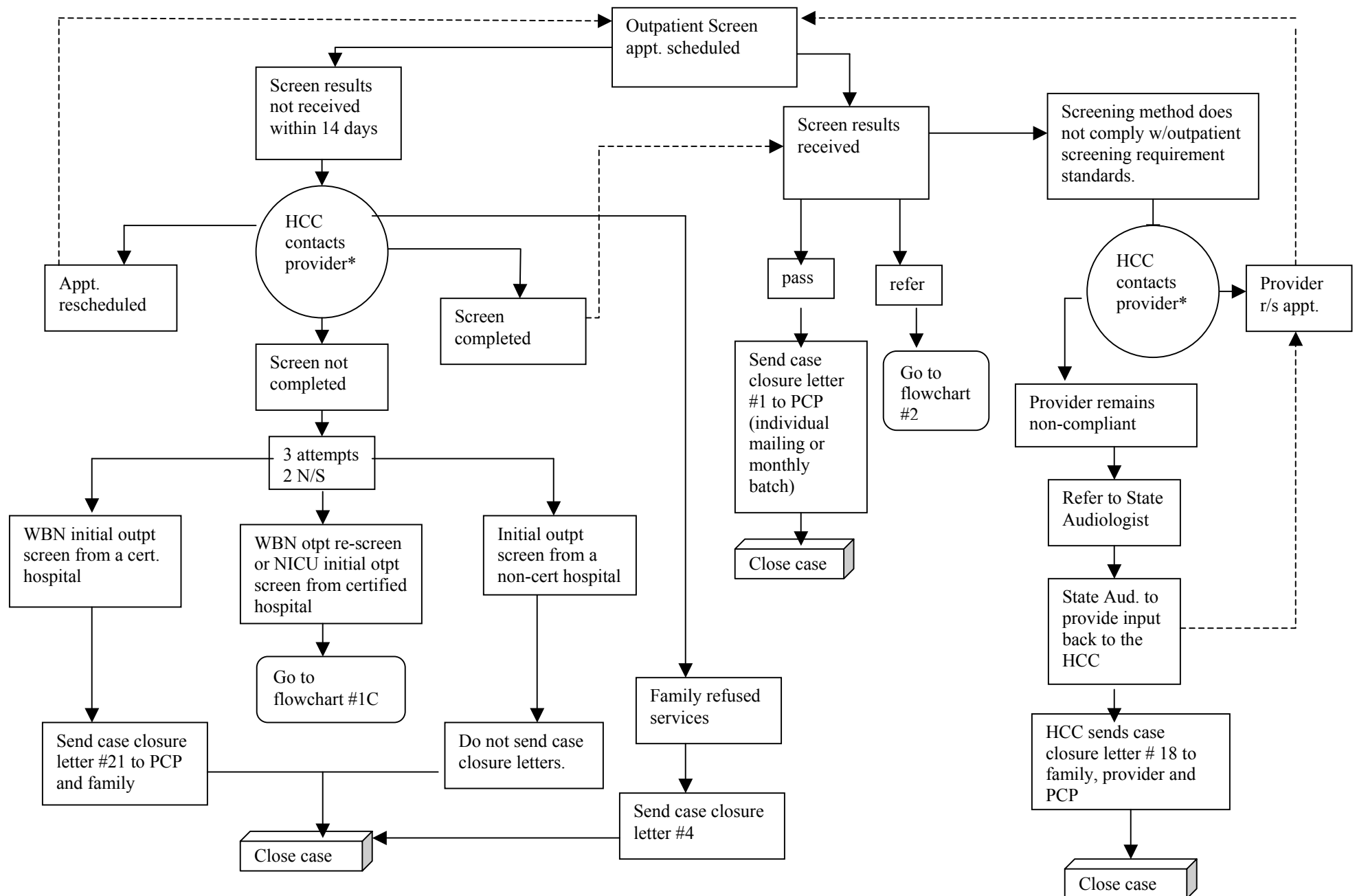


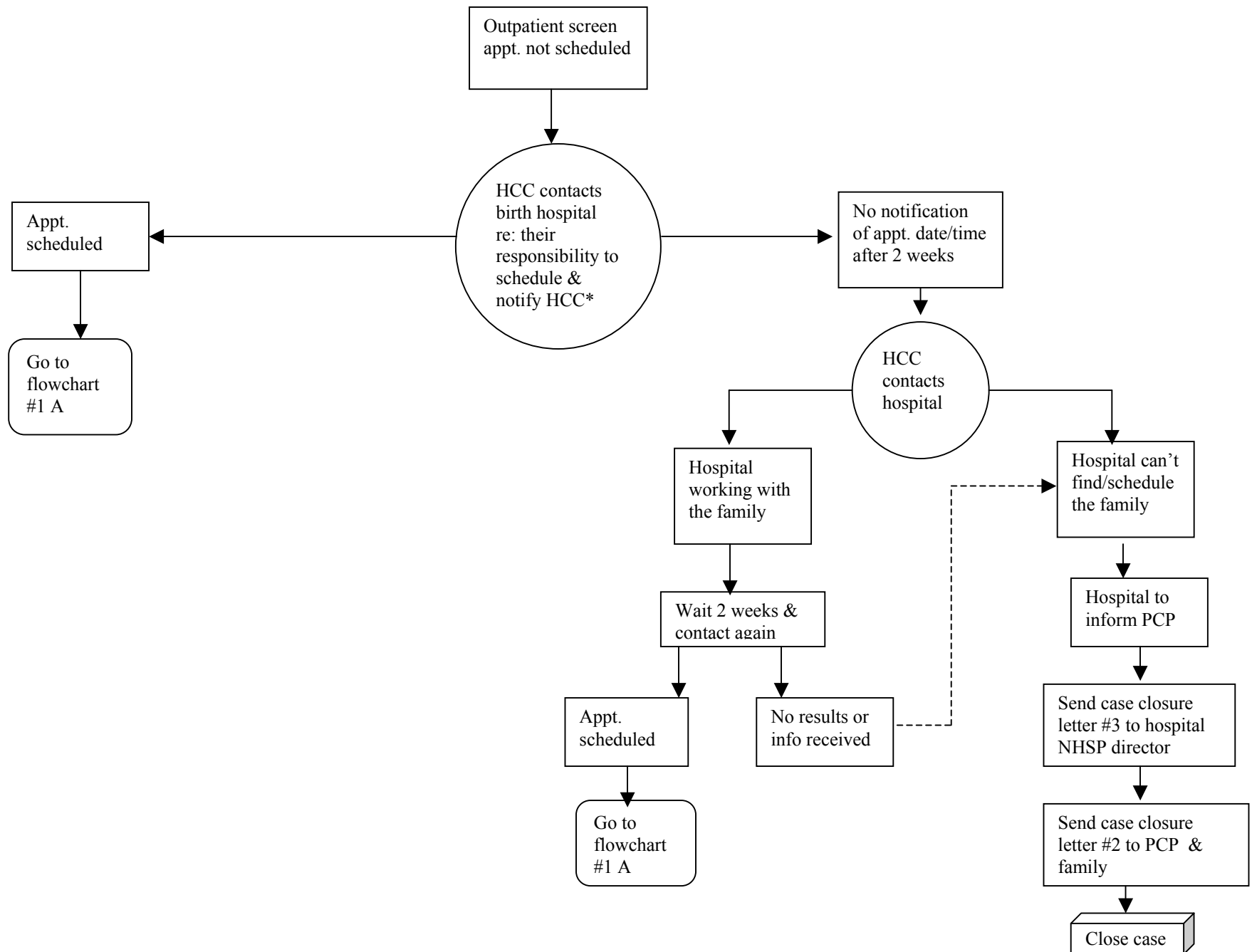
Hearing Coordination Center

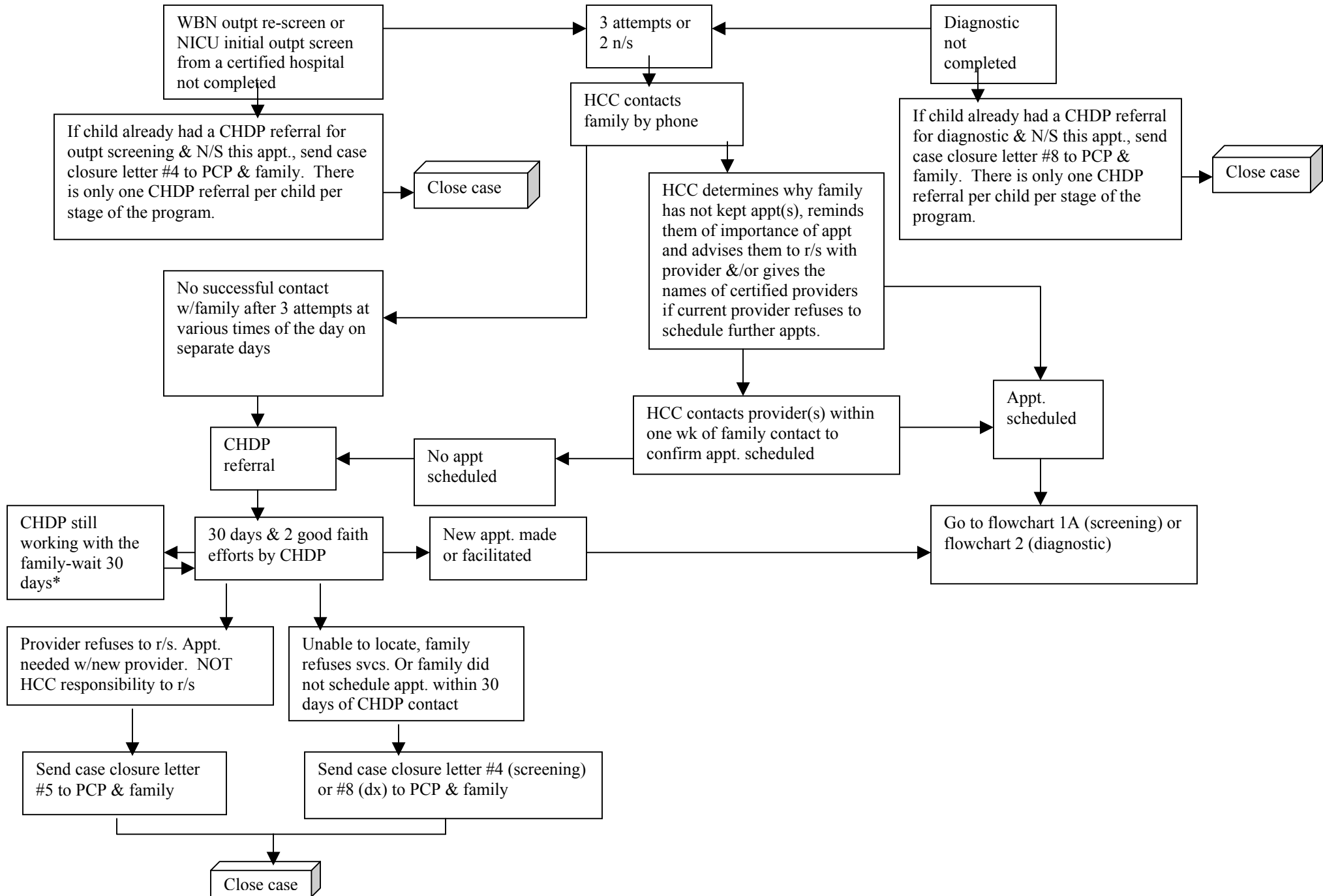
Tracking and Monitoring Procedure Manual

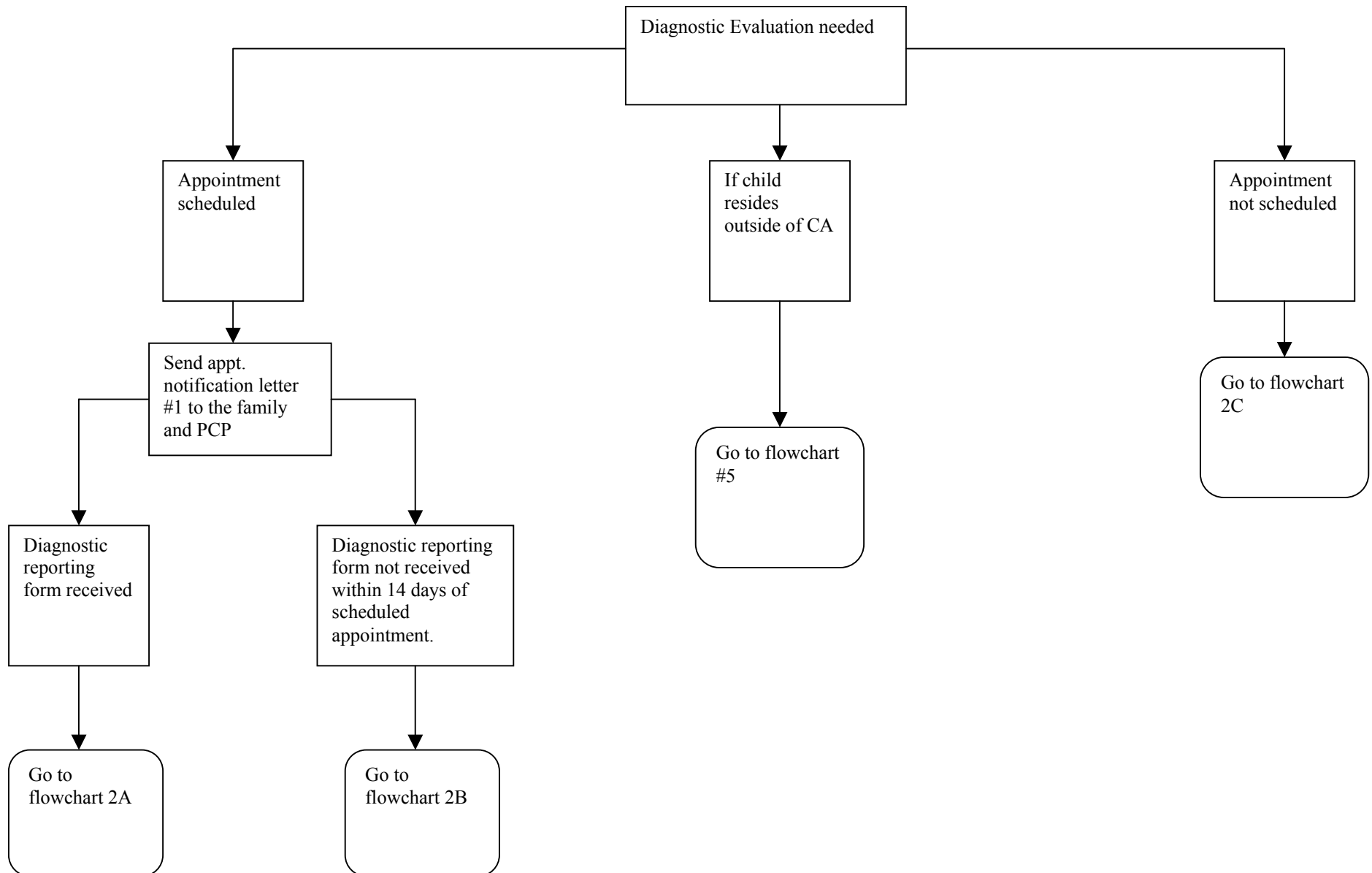
**Department of Health Services
Children's Medical Services Branch
MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413**



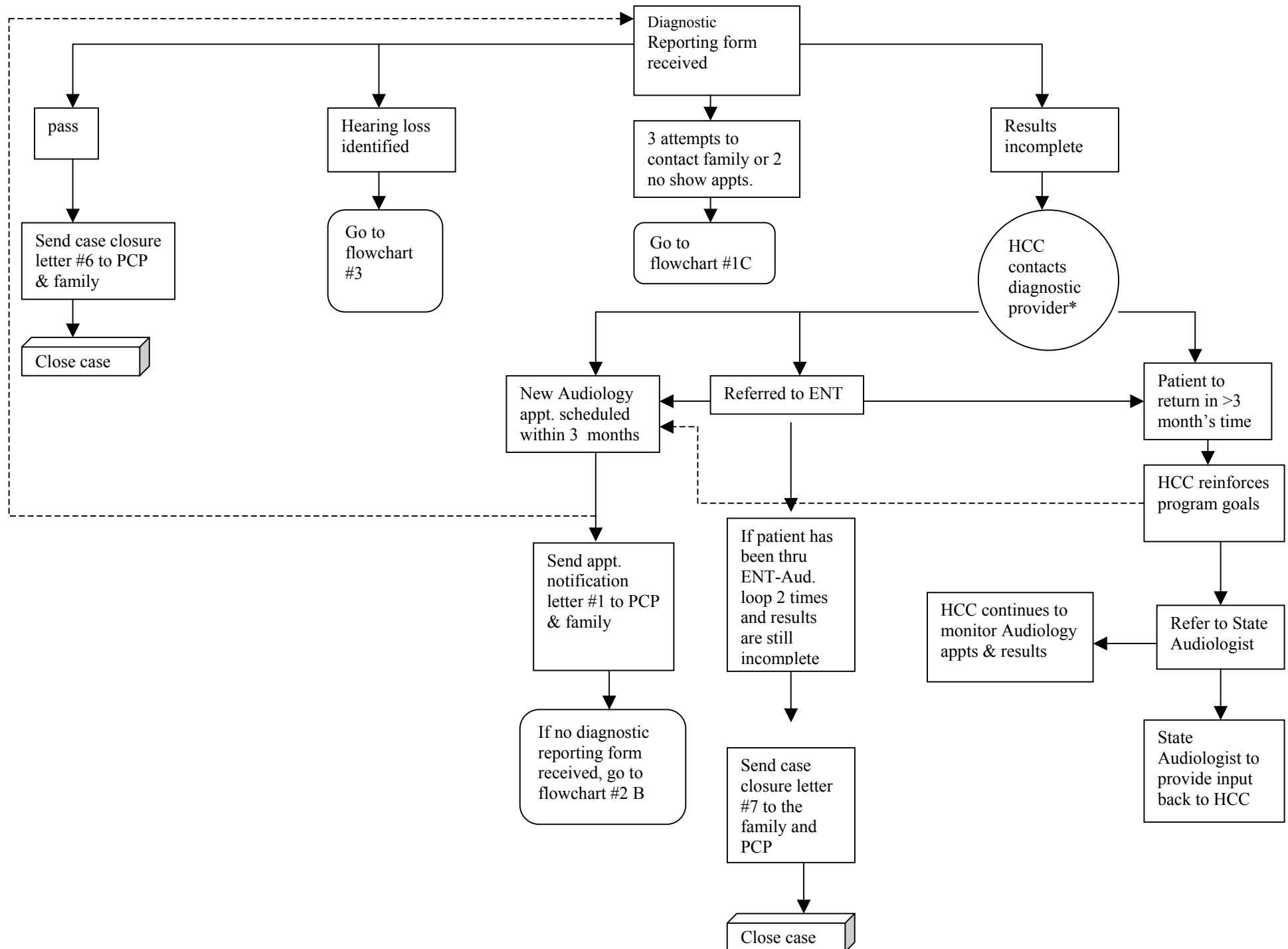


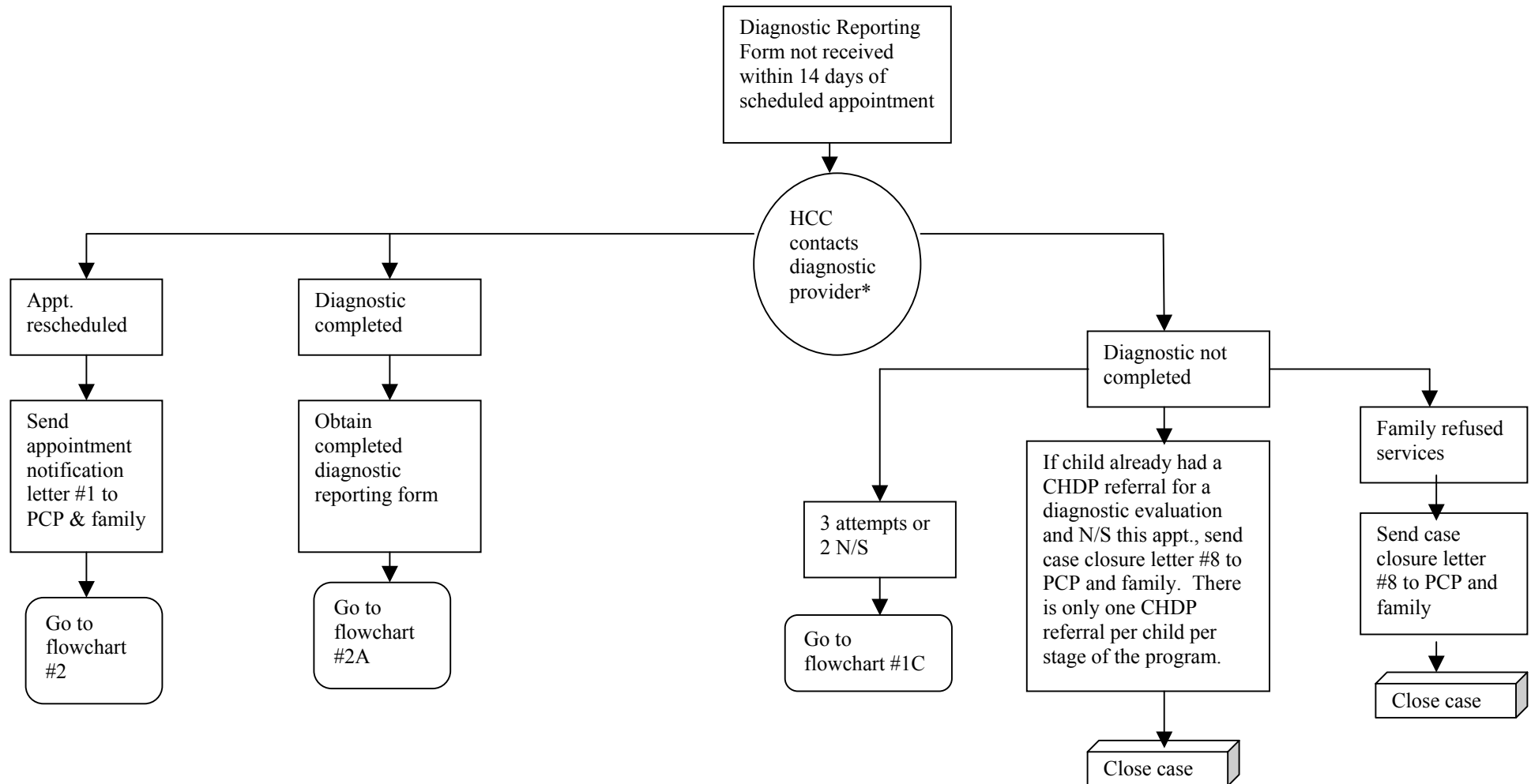


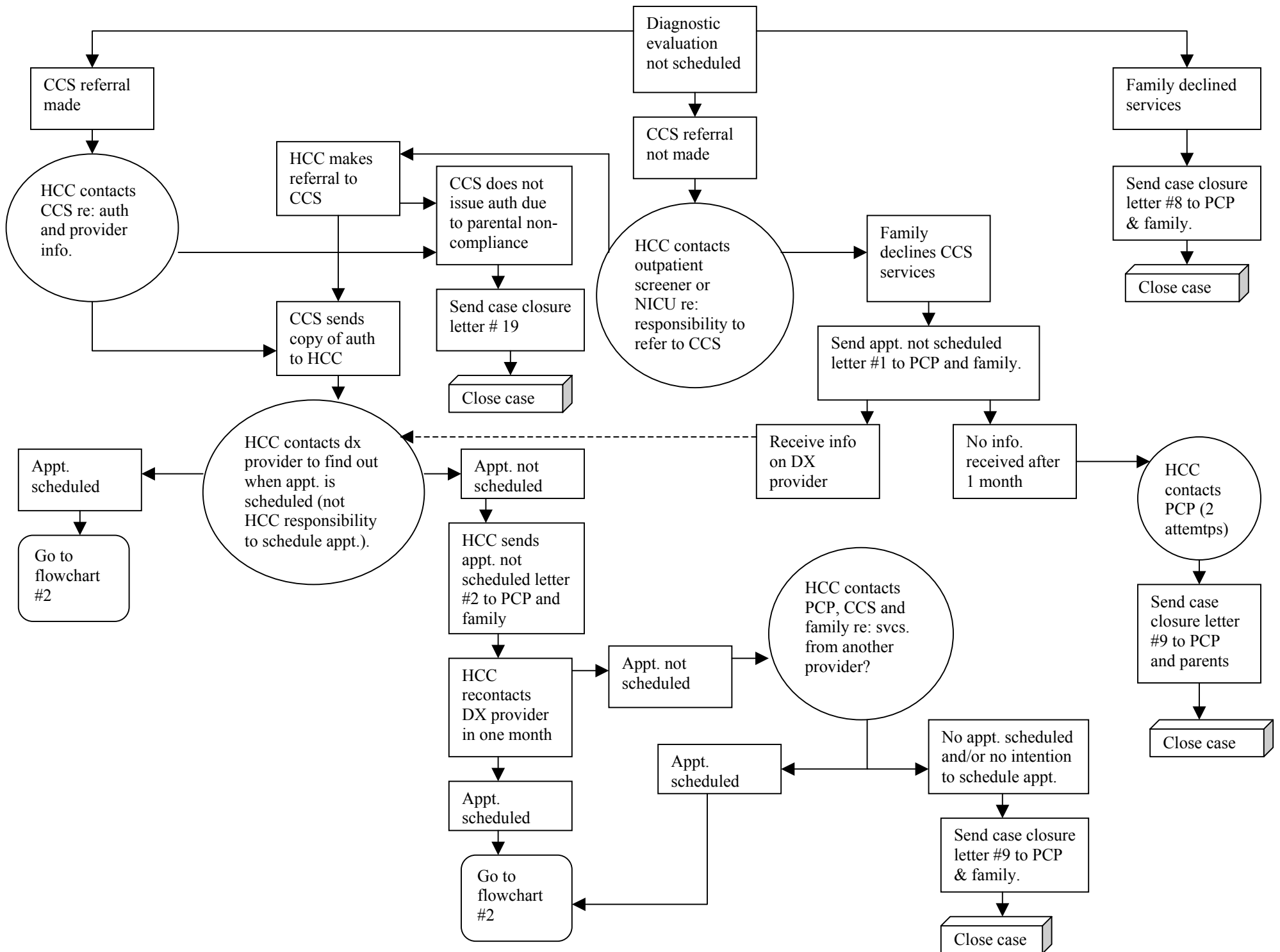


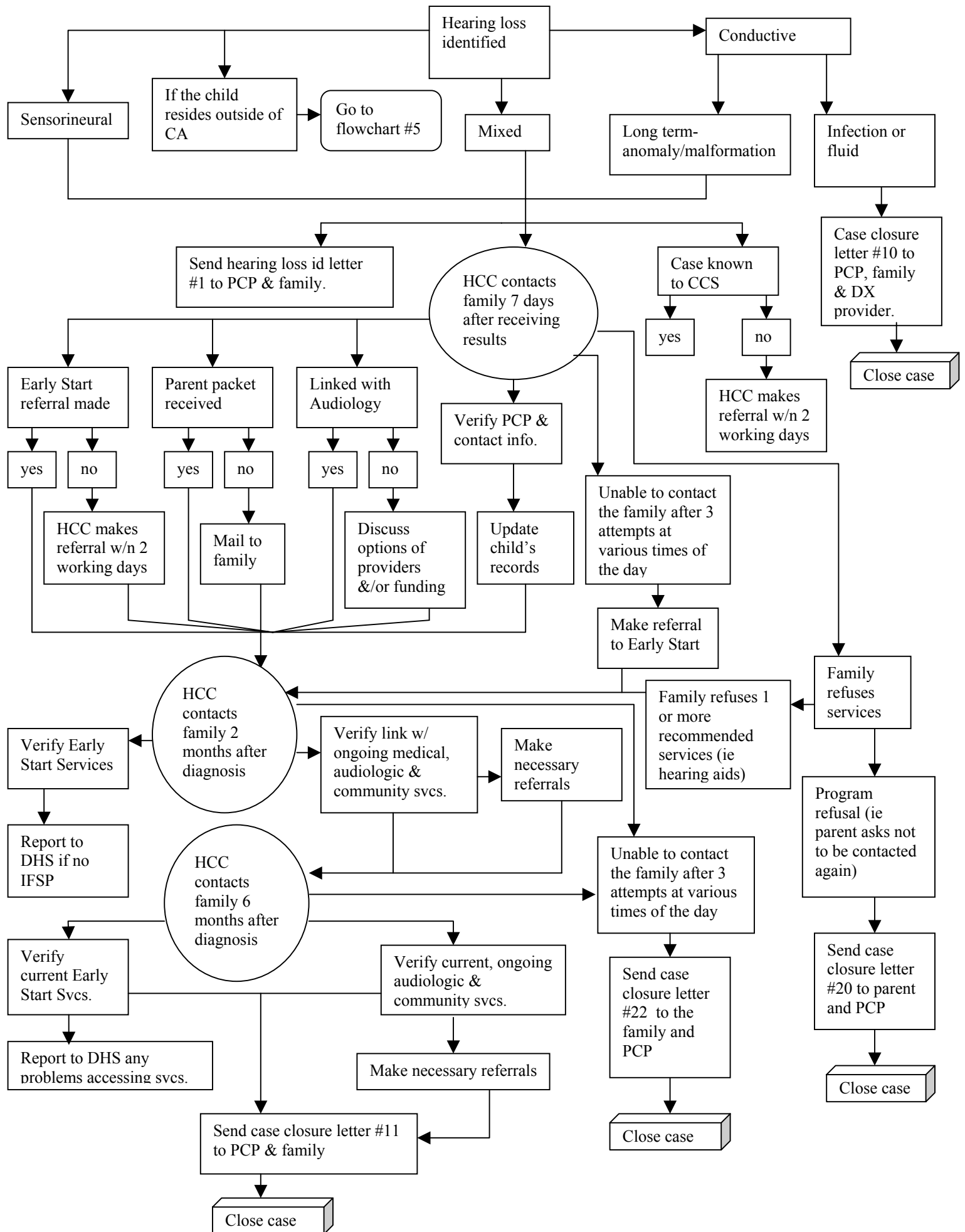


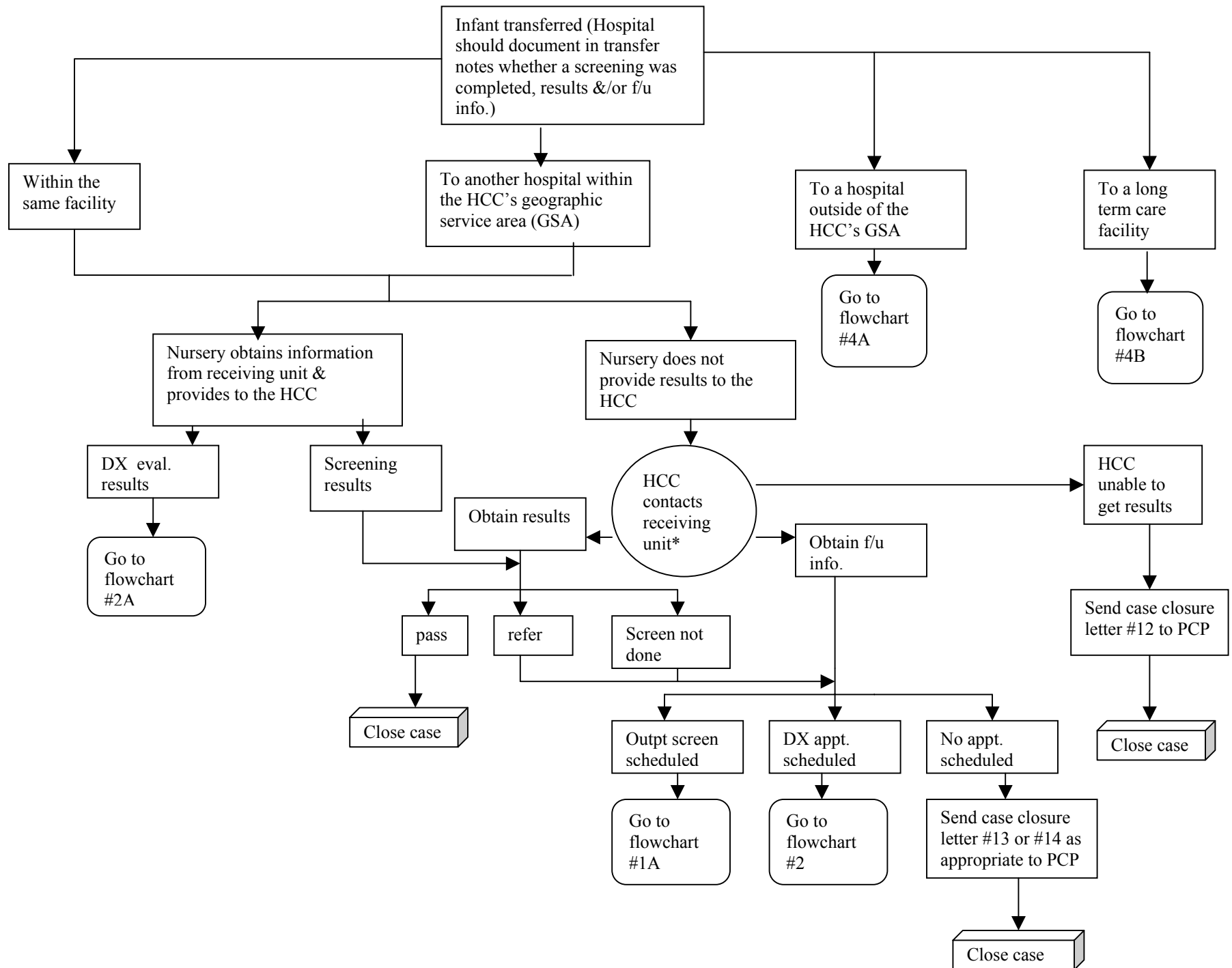
Flowchart #2A-Diagnostic Evaluation Needed-Diagnostic Reporting Form Received

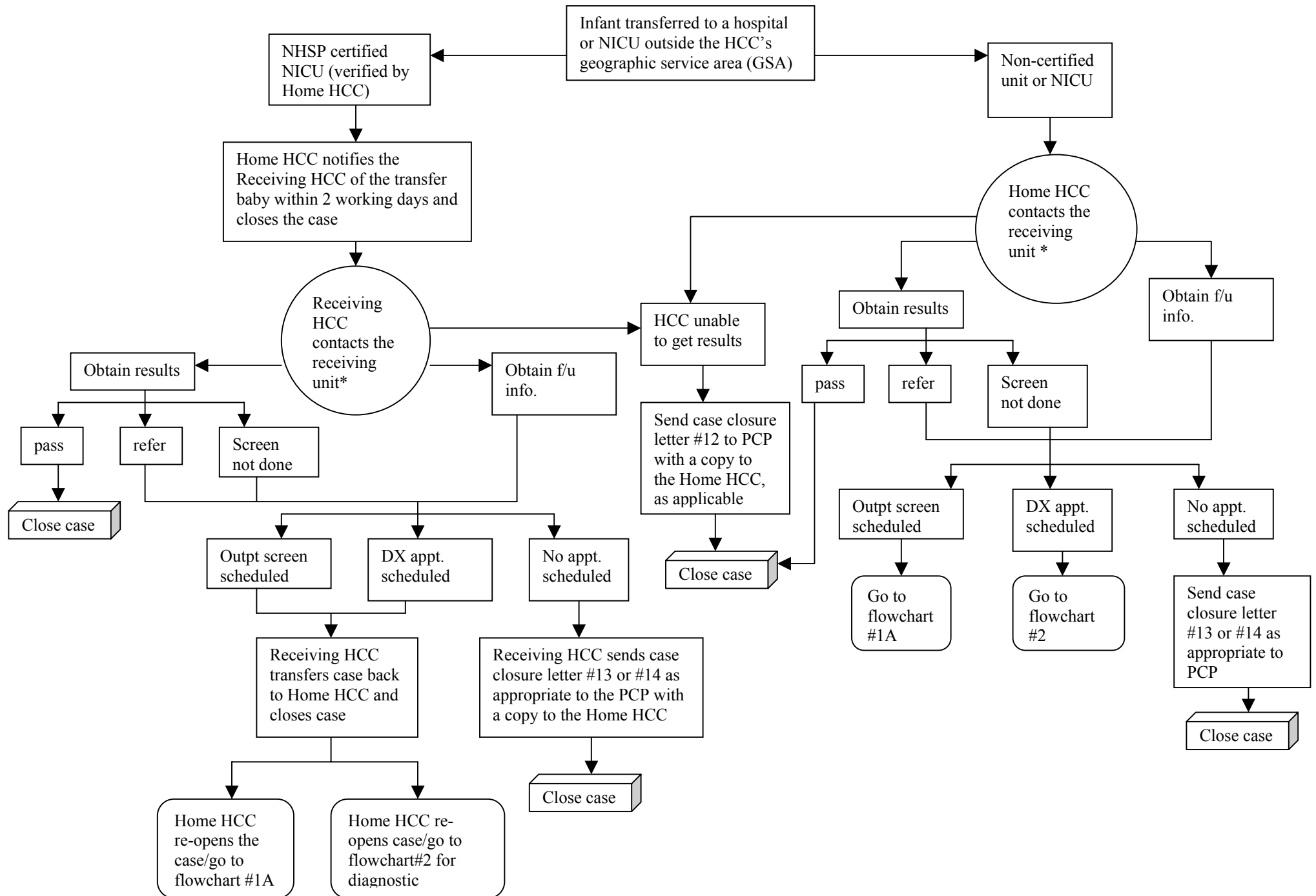


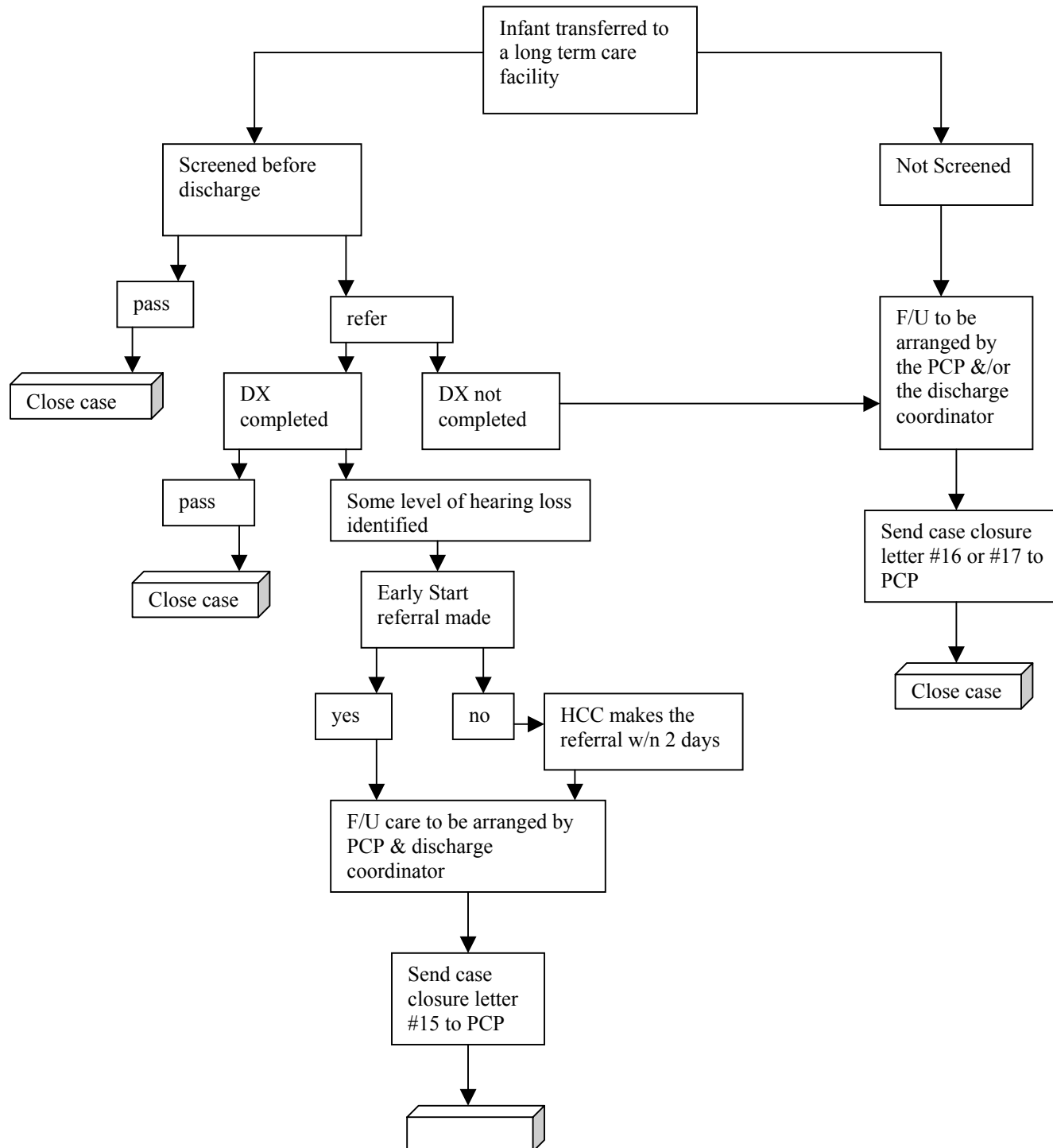


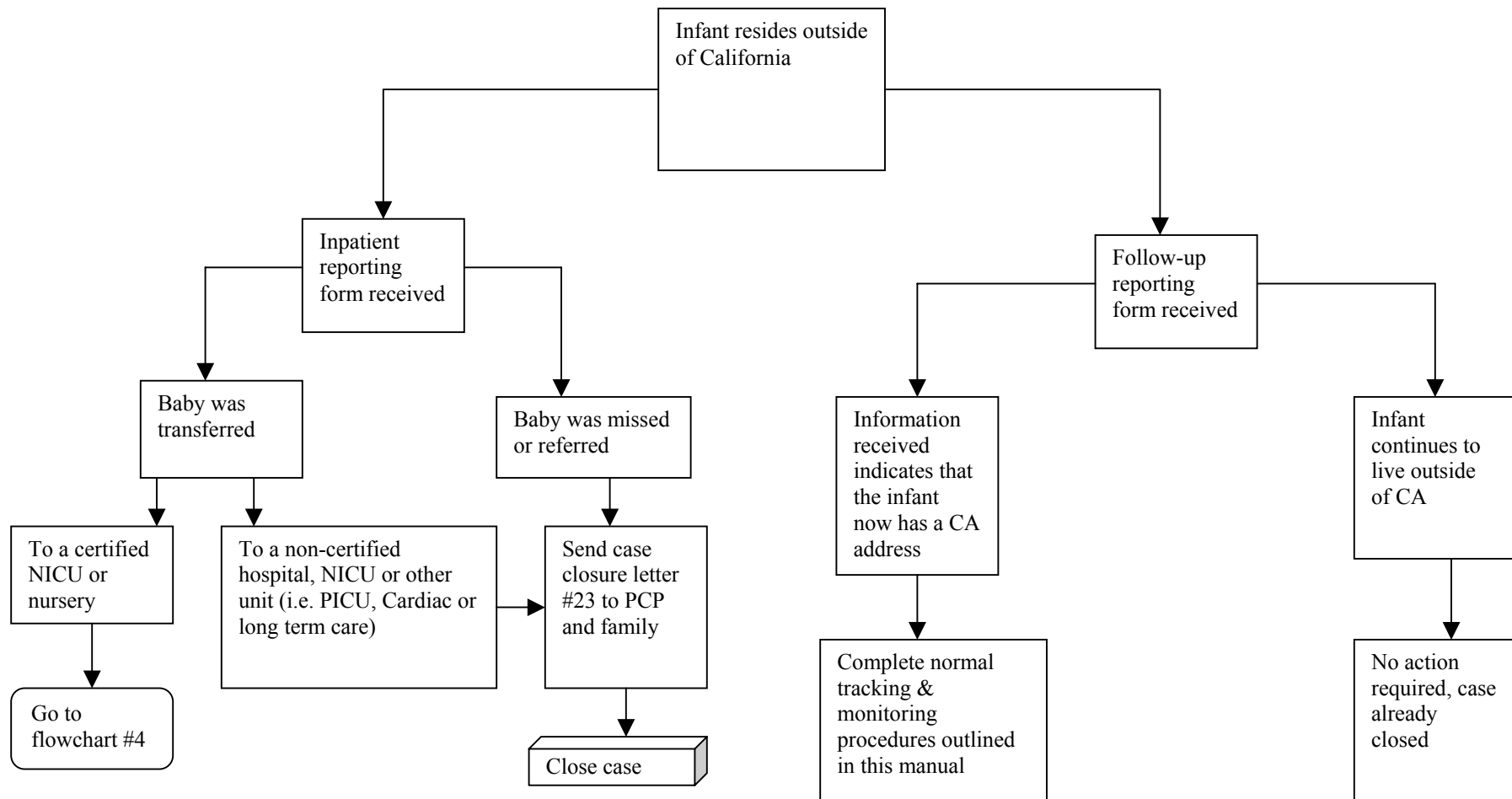












All letters should contain the baby's name, date of birth and results as appropriate. Each letter should be tailored for the specific situation.

Case Closure letters

Case closure letter #1 –(Letter to PCP)

- Flowchart #1A, 2A
 - Pass screening
 - Should inform the reader of the date of birth, date of screening and results.
 - Include a reference to late onset or progressive hearing loss

Case closure letter #2 – (Letter to PCP and family)

- Flowchart #1B
 - No appointment scheduled for OP Screen
 - Should include information on transferring the responsibility of monitoring the patient's follow up to the PCP and the parents. It is not the responsibility of the HCC to schedule appointments.
 - Include a reference to an enclosed list of certified outpatient screening providers in their area, should they chose to schedule the screening.
 - HCC will close the case, but will reopen if further results are received

Case closure letter #3 - (Letter to hospital NHSP Director)

- Flowchart #1B
 - No appointment scheduled for OP Screen
 - Should include information on the hospital's responsibility to schedule the outpatient screening and mention hospital medico-legal liability for this child.
 - The responsibility for scheduling follow-up appointment belongs to hospital and PCP
 - Include a reference to an enclosed list of certified outpatient screening providers in their area, should they chose to schedule the screening.
 - HCC will close the case, but will reopen if further results are received

Case closure letter #4 – (Letter to PCP and family)

- Flowchart #1A, 1C
 - Unable to locate family or family refuses outpatient screening services
 - Include Ages and Stages (for families who refused)
 - Include information on transferring the responsibility of monitoring the patient's follow up to the PCP and the parents. It is not the responsibility of the HCC to schedule appointments.
 - Should contain a reference to an enclosed list of certified outpatient screening providers in their area, should they chose to schedule the screening.
 - Encourage families to come back in to the system
 - HCC will close the case, but will reopen if further results are received

Case closure letter #5 – (Letter to PCP and family)

- Flowchart #1A, 1C, 2B
 - Outpatient screen or Diagnostic provider refuses to reschedule the patient due to excess no-shows or non-compliance
 - Include information on transferring the responsibility for monitoring the patient's follow up to the PCP and the parents. It is not the responsibility of the HCC to schedule appointments.
 - Include reference to a list of enclosed certified outpatient screening providers or Communication Disorders Centers in their area as appropriate.
 - HCC will close the case, but will reopen if further results are received

Case closure letter #6 – (Letter to PCP and family)

- Flowchart #2A
 - Pass DX evaluation
 - Observation of communication milestones
 - Include a reference to late onset or progressive hearing loss
 - Include Ages and Stages in family letter

Case closure letter #7 – (Letter to PCP, family and audiologist)

- Flowchart #2A
 - Repeated diagnostic referrals between the audiologist and ENT
 - Emphasize need for complete results of diagnostic evaluation
 - Emphasize the importance of Early Intervention services for children identified with hearing loss to improve their communication abilities
 - Transfer responsibility for assuring access to appropriate services to family, PCP, and audiology provider
 - HCC will close the case, but will reopen if complete diagnostic results are received.

Case closure letter #8 - (Letter to PCP and family)

- Flowchart #1C, 2B, 2C
 - Unable to locate family or family refuses diagnostic evaluation services
 - Include Ages and Stages for families who refused services
 - Include reference to a list of enclosed Communication Disorders Centers in their area for both families and PCP.
 - Encourage families to come back in to the system
 - Transfer responsibility for scheduling diagnostic appointment to PCP and family. It is not the responsibility of the HCC to schedule appointments.
 - HCC will close case, but will reopen if results of a diagnostic evaluation are received.

Case closure letter #9 – (Letter to PCP and family)

- Flowchart #2C
 - No response to Appointment Not Scheduled Letter #1 or #2
 - Have received no response to prior letter requesting information about appointment or no appointment has been scheduled to date
 - Emphasize importance of a comprehensive audiology evaluation
 - Include reference to a list of enclosed Communication Disorders Centers in their area for both families and PCP.
 - Transfer the responsibility for scheduling diagnostic appointment and assuring access to appropriate services to PCP and family
 - HCC will close case, but will reopen if results of diagnostic evaluation are received.

Case closure letter #10-(Letter to PCP and family)

- Flowchart #3
 - Conductive hearing loss
 - Include diagnostic results and recommendations
 - Include reference that ongoing infection or middle ear fluid may cause language delays, need to monitor development carefully. If the child is not following normal language development outlined in the Ages and Stages brochure, he/she may be eligible for special services.
 - Emphasize the need to follow provider recommendations
 - Include Ages and Stages (in parents copy)
 - HCC will not continue to track this child.

Case closure letter #11-(Letter to PCP and family)

- Flowchart #3
 - six months post diagnosis of hearing loss
 - Include child's current status with audiology, medical care and early intervention services

- Indicate that the child has successfully completed the tracking and monitoring phase of the NHSP.
- Emphasize the importance of continuing audiology, medical and early intervention services.
- The HCC will no longer be contacting the family or providers regarding baby

Case closure letter #12-(Letter to PCP)

- Flowchart #4
 - HCC is unable to get screening results on a transferred baby
 - Indicate attempts were made to obtain screening results
 - Indicate that without the records, the results of the screening or whether a screening was completed is unknown
 - Emphasize that the PCP needs to facilitate a screening appt. if they've not been screened or if they had a refer result
 - HCC will close the case, but will reopen if screening results are received.

Case closure letter #13-(Letter to PCP)

- Flowchart #4
 - No f/u screening scheduled for a transfer baby
 - Indicate the results of original screening, if done
 - Emphasize the need for completion of screening process
 - Indicate PCP's responsibility for facilitating the f/u screening
 - HCC will close the case, but will reopen if results are received (N/A if infant resides outside of California)

Case closure letter #14-(Letter to PCP)

- Flowchart #4
 - DX appt. not scheduled for transfer baby
 - Indicate results of original screening
 - Emphasize the need for completion of DX evaluation
 - Indicate the PCP's responsibility for facilitating DX evaluation
 - HCC will close the case, but will reopen if further results are received (N/A if infant resides outside of California)

Case closure letter #15-(Letter to PCP)

- Flowchart #4
 - child in long-term care facility with some level of hearing loss identified
 - Indicate results of DX evaluation
 - Indicate when Early Start referral was made and by whom (provider vs. HCC)
 - Emphasize the need for the PCP to ongoing follow-up services
 - HCC will not track the baby while in long-term care

Case closure letter #16-(Letter to PCP)

- Flowchart #4
 - child in long-term care facility that was not screened before hospital discharge
 - Indicate that the child has not undergone a hearing screening
 - Emphasize the need for hearing screening
 - Indicate the PCP's responsibility for facilitating hearing screening
 - Indicate that the HCC will not track the baby while in long-term care

Case closure letter #17-(Letter to PCP)

- Flowchart #4
 - child in long-term care facility that did not complete a diagnostic evaluation prior to hospital discharge
 - Include results of the original screening
 - Indicate the need for a complete DX eval
 - Emphasize the importance of the DX eval
 - Indicate the PCP's responsibility for facilitating the DX evaluation
 - Indicate that the HCC will not track the baby while in long-term care

Case closure letter #18-(Letter to family, PCP and screening provider)

- Flowchart #1A
 - Child was screened with a method other than what is acceptable under the California Newborn Hearing Screening Outpatient Infant Hearing Screening Provider Standards
 - Emphasize the methods of hearing screening that meet California Standards.
 - HCC will close the case, but will reopen if results consistent with program protocols are received
 - Transfer responsibility for appropriate follow-up to the PCP and family
 - Include a list of certified outpatient infant hearing screening providers

Case closure letter #19-(Letter to family and PCP)

- Flowchart #2C
 - Child referred on inpatient (NICU) or outpatient screening and requires a diagnostic evaluation
 - Referral was made to CCS
 - Parents are refusing CCS services either directly or indirectly by not signing the program application
 - Transfer the responsibility for scheduling diagnostic appointment and assuring access to appropriate services to PCP and family
 - HCC will close the case, but will reopen if results of a diagnostic evaluation are received.

Case closure letter #20-(Letter to family and PCP)

- Flowchart #3
 - Parents of a child with confirmed hearing loss are refusing assistance from the HCC in the follow up process
 - Transfer the responsibility for assuring access to appropriate services to the PCP and family.
 - HCC will close the case, but will reopen if the family requests assistance and the child is less than twelve months of age.

Case closure letter #21-(Letter to family and PCP)

- Flowchart #1A
 - Child was not screened as an inpatient
 - Transfer responsibility for assuring access to appropriate services to the PCP and family
 - HCC will close the case, but will reopen if screening results are received
 - Include a list of certified Outpatient Infant Hearing Screening Providers

Case closure letter #22-(Letter to family and PCP)

- Flowchart #3
 - Child with confirmed hearing loss
 - Unable to contact family after repeated attempts by the HCC
 - Report child's status with respect to Early Start and audiologic services if known
 - Transfer responsibility for assuring access to appropriate services to the PCP and family
 - HCC will no longer track the child's progress and will close the case

Case closure letter #23-(Letter to family and PCP)

- Flowchart #5
 - Child resides outside of CA
 - Provide results of screening if known
 - HCC will not track the progress of the infant
 - Transfer responsibility for assuring access to appropriate services to the PCP and family

Appointment notification letters

Appointment notification letter # 1- (letter to family, PCP,)

- Flowcharts #2, 2A, 2B and 4
 - DX Evaluation appointment pending

- Reference screening results
 - Inform re location, and provider of DX Evaluation appointment
 - Encourage families to contact the provider to determine/confirm date and time of appointment if unknown
 - Emphasize the importance of keeping the appointment
 - Reference referral to CCS, if the baby is a California resident
 - Reference prior authorization requirements if the patient is using private insurance
-

Appointment not scheduled letters

Appointment Not Scheduled letter #1 – (Letter to PCP and family)

- Flowchart #2C
 - No DX evaluation appointment scheduled and family declines CCS services
 - Include results of screening to date
 - Family declined CCS services
 - Emphasize that an appointment needs to be scheduled
 - Emphasize importance of comprehensively evaluating the hearing
 - Notify the HCC of the DX evaluation appointment and provider
 - Disclosure is required by law (in PCP letter)

Appointment Not Scheduled letter #2 – (Letter to PCP and family)


- Flowchart #2C
 - No DX evaluation appointment scheduled with identified provider
 - Include results of screening to date
 - Identify the provider who has been authorized to provide the service
 - Appointment needs to be scheduled
 - Emphasize that an appointment needs to be scheduled
 - Emphasize importance of comprehensively evaluating the hearing
 - Notify the HCC of the DX evaluation appointment and provider
 - Disclosure is required by law (in PCP letter)
 - Include a list of approved providers


Hearing loss identified letter


Hearing loss identified letter #1-(Letter to PCP and Parents)

- Flowchart #3
 - Include results of diagnostic evaluation
 - Include the date of diagnostic evaluation and the name of the diagnostic provider
 - Emphasize the need for continued intervention and monitoring
 - Reference the importance of early intervention services
 - Document that an early intervention referral was made
 - Reference CCS referral if not previously made
 - Remind PCP of the risk of progressive hearing loss, developmental delays and added deficits of otitis media (PCP letter)
 - Reference the unique needs and risks of unilateral loss (for unilateral identification only)
-

Flowchart key:

Case closure 

Go to another flowchart 

HCC makes a contact 

Reverse direction -----▶ or -----

WBN-Well Baby Nursery

NICU-Neonatal Intensive Care Unit

HCC Contact Attempts

The first contact with any new provider must be by telephone to develop relationships, establish rapport, explain or reinforce reporting requirements and ensure the provider has program materials. All contact attempts must be documented in the HCC infant records.

1. No Reporting Form from Outpatient Screening or Diagnostic Providers
 - A. First Contact (14 days after appointment date) - Fax
 - 1) Fax screening or diagnostic reporting form with patient specific information completed. Include fax cover sheet that outlines the requirement to report.
 - 2) Wait at least three (3) working days, but not longer than one (1) week, before making second contact
 - B. Second Contact (3-7 days after first contact) - Phone
 - 1) Attempt to reach provider office by telephone
 - Inform the provider/staff directly or via voicemail/message that this is the second attempt to obtain results and the requirement to report results.
 - Fax screening or diagnostic form again if necessary (this does not constitute the third contact)
 - 2) Wait at least three (3) working days, but not longer than one (1) week, before making the third contact
 - C. Third Contact (3-7 days after second contact) - Phone
 - 1) Attempt to reach the provider office by telephone
 - Inform the provider/staff directly or via voicemail/message of the previous contact attempts.
 - Inform the provider/staff that the HCC needs the results to assist families in receiving appropriate access to services through screening, diagnostic and intervention services.
 - Inform the provider/staff that they are required by law to report the results to the HCC. If the information is not received the provider will be reported to the Department of Health Services for non-compliance.
 - 2) Wait at least three (3) working days, but not longer than 4 weeks after 1st contact.
 - If no response, **report the provider to your contract manager** for State intervention. Include documentation of contact attempts.
2. CHDP
 - A. No disposition received from CHDP 30 days after referral
 - 1) Contact CHDP program by phone
 - If they are still working with the family, wait another 30 days for report

- 2) If no disposition received after specified waiting period, **report the situation to your contract manager** for State intervention. Include any associated documentation.
- B. Local programs providing inappropriate information to families or not following NHSP standards
 - 1) **Report the situation to your contract manager** for State intervention. Include any associated documentation.
3. Outpatient Screening Method Does Not Comply with Standards or Incomplete Diagnostic Reporting Forms Submitted
 - A. Three (3) phone attempts
 - 1) Wait at least three (3) working days, but not longer than one (1) week, between phone attempts
 - 2) Inform the provider that the screening method does not meet outpatient screening standards and request that the provider schedule another screening appointment (or refers infant to a provider who can perform appropriate screening) OR obtain necessary information for diagnostic reporting form as appropriate.
 - 3) If no return call or provider does not comply as requested within one (1) week, **report to your contract manager** for State intervention. Include documentation of contact attempts and provider responses.

INPATIENT PROVIDERS

Implementation of a new reporting method needs to be discussed with the NHSP director or designee prior to initiation.

- I. No information obtained on a transfer baby from a **certified** NICU via the Infant Reporting Form (IRF), the transfer status form or the NICU log.
 - A. Three (3) phone attempts
 1. Call NHSP contact within two (2) days of transfer.
 - Inform contact directly or via voicemail of the need for results or status of the infant.
 - Wait two (2) working days before making second contact.
 2. Call NHSP contact two (2) working days after initial contact.
 - Inform contact directly or via voicemail of the need for results or status of the infant, reference first attempt to obtain information.
 - Wait two (2) working days before making third contact.
 3. Call NHSP contact two (2) working days after second contact.

- Inform contact directly or via voicemail of the need for results or status of the infant, reference previous attempts.
- Inform contact that the request will be elevated to the NICU NHSP director if no response received within two (2) working days (if NHSP contact is the NHSP director go to Section B.3 and report to contract manager).

B. Three (3) phone attempts with NHSP director

1. Call NHSP director two (2) days after last attempt to reach NHSP contact.
 - Inform the director of previous attempts to obtain information and continued need for results or status of the infant.
 - Wait three (3) working days before making second contact.
2. Call NHSP director three (3) working days after initial contact.
 - Inform the director of previous attempts to obtain information and continued need for results or status of the infant.
 - Wait three (3) working days before making third contact.
3. Call NHSP director three (3) working days after second contact.
 - Inform the director of previous attempts to obtain information and continued need for results or status of the infant.
 - Inform the director that the situation will be reported to the Department of Health Services if no response is received within three (3) working days.
4. Wait at least three (3) working days, but not longer than one (1) week.
 - If no response, **report the provider to your contract manager for State intervention**; include documentation of contact attempts.

II. No information is obtained from a **non-certified** unit on a transfer baby.

A. A non-certified unit is defined as:

1. A non-nursery unit in a certified hospital (i.e. PICU, cardiac, etc.).
2. Any unit in a non-certified hospital (i.e. NICU, PICU, cardiac, etc.).

B. Initial Contact

1. Phone contact with the nurse manager of the unit within one (1) business day of notification of transfer.
 - Explain the program and the HCC role
 - Obtain status information regarding the plan for the infant and anticipated discharge date.
 - Fax reporting form and ask the manager to complete the form whether the baby is a pass, refer, transfer or discharged home without screening (if no screening is available in the unit).
 - Wait three (3) working days but not longer than one (1) week before making second contact, if no response.
2. Second contact attempt (3-7 days after first contact) - Phone

- Phone nursery manager and inform him/her that the HCC is still waiting on results or status update.
 - Inform the manager that a response via fax or voicemail is acceptable.
 - Fax forms again if necessary
 - Wait three (3) working days but not longer than one (1) week before making next contact
3. Third contact attempt (3-7 days after second contact) - Phone
- Phone nursery manager and inform him/her that the HCC is still waiting on results or status update, reference previous contact attempts.
 - Inform the manager that a response via fax or voicemail is acceptable.
 - Fax forms again if necessary
 - Wait three (3) working days, if no response close the case as per Flowchart #4 of the Tracking and Monitoring Procedure Manual.
- C. Follow up Contact
1. Phone one (1) week prior to anticipated discharge date, if known or follow-up weekly if unknown.
- Collect information on screening results and/or discharge status of the infant .
 - Wait three (3) working days before making next contact if no response to follow up contact.
2. Second contact attempt - Phone
- Phone nursery manager and inform him/her that the HCC is still waiting on results or status update.
 - Inform the manager that a response via fax or voicemail is acceptable.
 - Fax forms again if necessary
 - Wait three (3) working days before making next contact
3. Third contact attempt - Phone
- Phone nursery manager and inform him/her that the HCC is still waiting on results or status update, reference previous contact attempts.
 - Inform the manager that a response via fax or voicemail is acceptable.
 - Fax forms again if necessary
 - Wait three (3) working days, if no response close the case as per Flowchart #4 of the Tracking and Monitoring Procedure Manual.